

DEPARTMENT OF MENTAL HEALTH/MENTAL RETARDATION SERVICES

PRIVACY PRINCIPLES

Believing that the Department must focus on the attitudes and behavior of all members of its workforce to achieve a healthcare delivery environment and culture that is conscientious, thorough and keenly aware of its responsibility in protecting privacy rights and the confidentiality of health information, these basic principles are adopted as guidance for our actions.

- 1. Right to Privacy:** Privacy is the right of an individual to be left alone. It includes freedom from intrusion or observation into one's private affairs, the right to maintain control over certain personal information. Individuals have a basic right to informational privacy and confidentiality, and to control what information is used or shared with others
 - a. To this end, for all uses and disclosures of health information, all staff must ensure that such actions comply with Department HIPAA policies, based upon the individual circumstances of the use/disclosure.
 - b. Any access, use or disclosure of protected health information shall be limited to that information that is minimally necessary for the need and/or purpose.
- 2. Consumer Control:** Consumers of Department services shall always be the first consideration.
 - a. Individuals have a right to request access, to copy, amend and/or correct their personal health information in a timely manner.
 - b. Individuals have a right to control access to and know who has accessed their individual health information, and for what reason.
- 3. Informed Consent:** Individuals shall be informed of the information being collected from them, and the purpose for which it will be used; and be given the opportunity to accept, reject or modify the information. The general rule is that information collected for one purpose must not be used for another purpose without the individual's authorization. Individually identifiable health information shall not be used/disclosed without specific legally adequate authorization signed by the individual or his/her legal guardian, except:
 - a. To provide health care treatment
 - b. For purposes of payment for services for the individual.
 - c. For purposes of quality assurance, licensing and accreditation, or other comparable department operations.
 - d. For purposes of research which has been approved by the Cabinet for Health Services Institutional Review Board. Securing individual authorization is preferable.
 - e. When required by Kentucky statute, regulation, court or governmental agency order.
- 4. Provision of Notice:** Individuals shall be informed about the Department's privacy practices and how their health information will be used/disclosed and by or to whom.
- 5. Data Security:** Records containing health information that makes an individual identifiable shall be created, stored, maintained, used, transmitted, collected, and disseminated in a secure environment. A secure environment is one that promotes confidentiality and integrity without compromising the availability of information.
- 6. Law Enforcement:** The Department shall not disclose individually identifiable health information to law enforcement officials, or parties to a lawsuit, without first being presented with a warrant, subpoena, and court order.
- 7. Complaints and Sanctions:** Individuals have a right to file a complaint about privacy issues. Individuals harmed by the abuse or misuse of their protected health information shall be afforded individual redress. Strict penalties shall be imposed on those who misuse protected health information of others.
- 8. Responsibility and Support:** The Department, its staff and its business associates have a responsibility to educate themselves and individuals receiving services on issues related to these principles. To this end, these entities shall have security/privacy/confidentiality policies, procedures and regulations in place to support these principles.

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Directory: D:\Documents and Settings\bomayo\Desktop
Template: D:\Documents and Settings\bomayo\Application
Data\Microsoft\Templates\Normal.dot
Title: DEPARTMENT OF MENTAL HEALTH/MENTAL
RETARDTION SERVICES
Subject:
Author: Valued Gateway Client
Keywords:
Comments:
Creation Date: 12/27/2002 2:59 PM
Change Number: 2
Last Saved On: 12/27/2002 2:59 PM
Last Saved By: dschroeder
Total Editing Time: 0 Minutes
Last Printed On: 1/14/2003 10:52 AM
As of Last Complete Printing
Number of Pages: 2
Number of Words: 585 (approx.)
Number of Characters: 3,335 (approx.)